

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sm		2/8/00
O.I.P.E. CLASSIFIER			2/12
FORMALITY REVIEW	B/I	60745	3/8/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6-12-03
2	✓	✓	3-23-04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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